



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE  
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 8/25/2008 to 10 24 08  
Mo Day Year Mo Day Year

1. Committee I.D. Number 150359

4. Candidate Last Name Krygier First Name ERNEST M.I. L  
JR.

2. Committee Name

4a. Office Sought Including District # or Community Served (If applicable)

Committee to Elect  
Ernie Krygier

4b. County of Residence

County Com 5th Dist.

5. Committee's Mailing Address

6. Treasurer's Name & Residential Address

785 Myla Beach

Tom Woody

Area Code and Phone 989-684-2830

Area Code & Phone

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

7. Treasurer's Business Address

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Area Code and Phone ( )

Area Code and Phone 989-684-2830

**9. TYPE OF STATEMENT**

9a. ☒ Pre-Election

OR

9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☐ Primary

☒ General

☐ Convention

☐ School

☐ Special

☐ Caucus

Date of Election, Convention or Caucus

11 4 08  
Month Day Year

9c. ☐ Annual Statement ( Coverage Year)

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

Month Day Year

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper

Tom Woody

Type or Print Name

Ernie Krygier

Signature

Date 10 24 08  
Mo Day Year

Candidate

Ernie Krygier

Type or Print Name

Ernie Krygier

Signature

Date 10 24 08  
Mo Day Year

# SUMMARY PAGE CANDIDATE COMMITTEE

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Itemized Contributions (Schedule 1A - Column 6)	(3.) \$ <u>600.00</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 + Line 4)	(5.) \$ <u>600.00</u>	(20.) \$ _____
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-K, Column 7)	(6.) \$ <u>-</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-K, Column 6)	(7.) \$ <u>-</u>	(22.) \$ _____
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>3024.05</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>-</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>-</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>3024.05</u>	(23.) \$ _____
<b>INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)</b>		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>3149.05</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>-0-</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>600.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>600.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>3024.05</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ _____ *	

\*If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I. D. Number 150309  
2. Committee Name Don B Elect Exe KK/12

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>Postmaster</u> Address <u>Saginaw</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Mailing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-12-08</u>	<u>774.74</u>
Expenditure #2 Name <u>Remolo Printing</u> Address <u>3201 Hallmark Ct. Saginaw Mi.</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Mailing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-12-08</u>	<u>2249.31</u>
Expenditure #3 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		

Subtotal this page  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

3024.05  
3024.05

Enter this total  
on line 8a of  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
 BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
 SCHEDULE 1A  
 CANDIDATE COMMITTEE

1. Committee I.D. Number 150359.  
 2. Committee Name Com. To Elect Exec. Kefauver

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.				6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	<u>7-25-08</u>		
Name: <u>Kim COONAN.</u> Address: <u>706 Sancy St. Bay City 48706.</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser				100.00	100.00
3. Contribution #2	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt	<u>7-22-08</u>		
Name: <u>I.B.E.W. - COPE</u> Address: <u>900 7th Street N.W. Washington D.C. 20001</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>ABOC Union</u> Business Address <u>As ABOC.</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser				500.00	500.00
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt			
Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser					
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt			
Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser					
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)				600.00	600.00

Enter this total on  
 line 3 of Summary  
 Page.



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**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number

150359

2. Committee Name

Committee To Elect Ernie

KAYDIE

This Schedule itemizes:

- a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: ERDIE KAYDIE 785 1/2 13th St. Bay City, MI. 48706	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>10-8-08</u> 6. <u>Original Amount of Debt:</u> <u>\$ 3,149.00</u>	<u>10/24/08 \$ 3149.00</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	<u>\$ 3149.00</u>	<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor:	Amount Endorsed: \$			
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> 6. <u>Original Amount of Debt:</u> \$ _____	<u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	\$ _____	<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor:	Amount Endorsed: \$			
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> 6. <u>Original Amount of Debt:</u> \$ _____	<u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	_____	<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor:	Amount Endorsed: \$			

Page Subtotal (Outstanding debt)

Grand Total of all Schedules 1E  
(Complete on last page of Schedule showing amounts owed by or to the committee)

3149.00  
3149.00

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Page \_\_\_\_\_ of \_\_\_\_\_

October 30, 2008

Cindy Luczak, Clerk  
Bay County  
515 Center Ave

Re: Contribution After Pre-Election Report

Dear Ms. Luczak:

I have received the following contributions today:

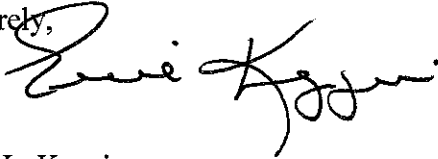
Michigan Regional Council of Carpenters – Political Action Cmte. \$ 500.00

Plumbers and Steamfitters 85 P.A.C. \$ 500.00

My Committee I.D. No. is 150359

My Committee Name is: Committee to Elect Ernie Krygier  
785 Aplin Beach  
Bay City, MI 48706

Sincerely,



Ernie L. Krygier

Ernie Krygier  
Oct 30 3 27 PM '08